

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 101088961	FILING DATE				
							APPLICANT(S)					
							CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/		/				51					
2	/		/				52					
3							53					
4	/			6			54					
5	/		6				55					
6		6					56					
7		6					57					
8		6					58					
9		6					59					
10		6					60					
11		6					61					
12	/		6				62					
13	/		6				63					
14	/		6				64					
15	/		6				65					
16	/		6				66					
17	/		6				67					
18	/		6				68					
19	/		6				69					
20	/		6				70					
21	/		6				71					
22	/		6				72					
23	/		6				73					
24			6				74					
25			6				75					
26			6				76					
27			6				77					
28			6				78					
29			6				79					
30			6				80					
31			6				81					
32			6				82					
33			6				83					
34			6				84					
35			6				85					
36			6				86					
37			6				87					
38			6				88					
39			6				89					
40			6				90					
41			6				91					
42			6				92					
43			6				93					
44			6				94					
45			6				95					
46			6				96					
47			6				97					
48			6				98					
49			6				99					
50			6				100					
TOTAL IND.	4		6				TOTAL IND.					
TOTAL DEP.	19	↔	26	↔		↔	TOTAL DEP.					
TOTAL CLAIMS	23		32				TOTAL CLAIMS					